

Approved _____

Date 3-13-89

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at _____
Chairperson

1:30 a.m./p.m. on February 28, 1989 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Representative Borum
Representative Branson
Charles Konigsberg, Director of Health/Department of Health/Environment
Elizabeth Taylor, Association of Local Health Departments
John Torbert, Kansas Association of Counties
Bob Poresky, Kansas Association for Education of Young Children

Vice-Chairman Buehler called meeting to order when quorum was present. He drew attention to HB 2108, and asked Revisor Mr. Furse to explain the balloon amendment to members. (Attachment No.1, details proposed amendments). He noted the boxed language on pages 1, deletion of "no" on page and on Page 3, lines 92-95 are changes that have already been voted on by this committee. The changes from page 4 on in the balloon are further amendments proposed.

Vice-Chair invited Representative Sader to explain those amendments. Representative Sader detailed all the changes proposed as a combination of suggestions by committee members, Department of SRS, and the Kansas Bar Association. She gave a comprehensive explanation of amendments. (See Attachment No.1 for details).

HB 2108

Vice-Chair asked for comments or discussion in regard to balloon proposed. Discussion i.e., there are concerns from the Kansas Association of Domestic Violence Centers in that the reporting requirement in HB 2108 could be a problem, since their records must be kept very confidential. There are 22 to 26 Centers in operation in Kansas. They do not want to have this confidential information compromised. A lengthy discussion ensued on this topic, i.e., an exemption of Centers and their employees could be inserted on Page 3, Sec. 2 (a), which would include battered spouses in lines 23-27.

At this time Rep. Shallenburger made motion to pass amendments proposed in balloon on HB 2108, (Attachment No. 1.) detailed by Rep. Sader. Motion seconded by Rep. Amos.

Discussion continued, there was concern about the inclusion of Attorneys-at-law in Sec. 2, (a) and the professional responsibility restrictions the Attorneys face. Mr. Furse noted the question of Professional responsibility would have to be researched. There was discussion in regard to the Psychologists, Clergy, exemptions and the code of Professional Responsibility was again a matter of concern.

At this time, Vote taken, motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 A.M./p.m. on February 28, 1989

HB 2108.--

After Vote taken to amend, discussion continued, i.e., confusion on who is a "family counselor", who reports and who does not.

Rep. Hochhauser made a conceptional motion to amend HB 2108 in Section 2-(a) line 95, after "institution", the words, "with the exception of employees of Domestic Violence Centers. Motion seconded by Rep. Shumway. Discussion, i.e., some feel there is grave danger to children and other abused persons if certain records are disclosed; this would not keep Centers from reporting if they wanted to, but if they felt clients would be endangered, they would not be required to report; some felt reporting could be done confidentially. Vote taken, motion failed.

Mr. Furse drew attention to a technical matter, i.e., in Section 7, on Page 6, language should be limited to maintaining records relating to the adult relevant to the investigation. If this is not done, Mr. Furse said, language for subpoena authority for the Agency would have to be inserted. Discussion held on could Family Counselor be defined; it was noted that the term "Registered Professional Counselor" could be used, and this would enclude many, but probably not all.

Rep. Branson moved that HB 2108 be passed favorably as amended, seconded by Rep. Wells. No discussion. Vote taken, motion carried.

Rep. Foster reported as NO vote.

HB 2442.

Chairman Littlejohn conducted meeting from this point. He invited Ms. Correll to give a short staff briefing on HB 2442. She explained the bill section by section.

Rep. Borum gave remarks in regard to HB 2442, noting as a member of the Commission on Medically Indigent and Homeless she and others they became aware there were many levels of care offered to the homeless in Counties throughout the State. However, there was no organized way it was addressed, so they felt a Survey would be beneficial in addressing this need. Those on the Commission felt the local units of Government do have a responsibility to these people at their local levels, this responsibility should also be carried by the private sector as well. She noted that medically indigent also have those persons in their group who are employed, but have no medical insurance coverage.

Dr. Charles Konigsberg, Director of Health, Department of Health/Environment (Attachment No. 2) noted 14% of the population is Medically Indigent, not all this in heavy urban areas. Many are in rural areas who have stopped their medical insurance coverage. He noted the eighteen month fiscal impact of this bill on their Department would be about \$65,700. Although we support the concept of state/local health planning, he said, they cannot support HB 2442 because the funds were not included in the Governor's budget. He answered questions, i.e., yes, I see merit in this type of survey, if it is properly done; since we are not funded for this project, we are concerned with the cost; certainly this information would be beneficial to both the Department of Health/Environment and SRS; we realize a system would have to be formulated to undertake this project; yes, we could obtain some information of this type from other surveys, or services being given by other groups.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 a.m./p.m. on February 28, 1989

HEARINGS CONTINUE ON HB 2442:-Elizabeth Taylor, Executive Director/Ks. Association of Local Health Departments, offered hand-out, (Attachment No.3). She noted Kansas Local Health Departments would be cooperative in preparing the survey, but noted they are already severely underfunded and would need some financial assistance in order to allocate manpower to collect data. She noted concerns in rural areas where there may be only one nurse in a Local Health Department offering many basic services, and who would not have the time to also do additional data collecting. The Local Health Departments have some information collected on basic health services provided and would be happy to share that information as soon as results have been analyzed. She answered numerous questions, i.e., yes, if funding was provided, we would be cooperative in working the survey; yes, generally the County Commissioners ask the County Health Departments to do this type of work.

Ms. Correll noted at this time, perhaps there would need to be more specific language in the bill to define (basic health services) as defined by the Commission Report. The Commission felt it inappropriate to ask the County Health Departments to do the survey, and felt it would be up to the County Commissioners to make the determination of who would in fact do the survey.

John T. Torbert, Executive Director of Kansas Association of Counties, (Attachment No.4), noted HB 2442 falls into the category of unfunded State mandates. He does not doubt the survey of health resources for the indigent would provide useful information, however there is no funding provided, most County offices do not have a full time health officer that could be delegated for this responsibility. They questioned how effectively the data would be used after it is compiled.

HEARINGS CLOSED ON HB 2442.

HEARING BEGAN ON HB 2443.

Ms. Correll gave a detailed briefing on HB 2443, noting it was formulated from specific recommendations of the Commission on Medically Indigent and Homeless. She explained the bill in great detail.

Representative Branson commented also on the bill, i.e., the Outreach program by SRS and Health Department personnel providing the Outreach to see that people get transportation to meet doctor's appointments, to get to birth classes, nutrition classes. This sort of assistance is extremely important.

Charles Konigsberg, M.D., Department of Health and Environment offered hand-out, (Attachment No.5). He noted their Department currently provides outreach services, but would support the formal stipulation of public and social services outreach activities in the Statutes. He recommended however, a definition for outreach be developed, i.e., "those educational and other activities designed to increase the individual's awareness and appropriate use of public and other preventive health services." He felt there would be no fiscal impact on their Department budget. He answered questions, i.e., it is difficult to say if there would be a long list of Rules and Regulations to cover all these provisions; yes, there would be concern by some in regard to reporting requirements; yes, we work with SRS in the Can Be Health Program, and yes, the local Health Departments play a role in this program as well. Dr. Konigsberg defined Outreach services, i.e., to get potentially at-risk persons to become aware of availability of services they may need, and try to take some active role in encouraging them to take advantage of these services, in a non-coercive manner.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a.m./p.m. on February 28, 19 89

HEARINGS CONTINUED ON HB 2443:

Bob Poresky, Ks. Association for Education of Young Children, sees the bill as permggghhhhjjissive legislation, is important for children and families, he would encourage passage of HB 2443. He answered questions, i.e., since it is permissive, he felt a definition of Public Outreach was not necessary.

Elizabeth Taylor, Local Health Departments commended the Commissions recognizing the need for Outreach for public health services. If the Local Health Departments are called upon to provide some of this service, they would request proper funding with which to operate.

HEARINGS CLOSED ON HB 2443.

Chair detailed agenda for tomorrow, in that legislation will be discussed and possible action taken. It is his hope that we can clean the calendar before deadline on bills by Friday, March 3rd.

Meeting adjourned 3:00 p.m.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

Date 2-28-1989

Name	Organization	Address
Elizabeth C. Taylor	Asso of Local Health Dept	Topoka
Paul Kidney	Student Washburn U.	Topoka
Patti Schiefelbein	Student Washburn U.	Topoka
Pat Zyzik	Student Washburn U.	Topoka
Michelle Benson	Student Washburn U.	Topoka
Bill Vieux	intern: Branson	Lawrence
Janet Schalansky	SAS - Adult Srs	Topoka
Marilyn Braet	KINHH	Lawrence
George Baebel	AARP Task Force	Topoka
John D. Miller	AARP " "	Topoka
Suellen Waler	Dept on Aging	Topoka
KATH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
Karen Joy	Member of Public	Topoka
Basilys James Martin	SRS - Adult Sources	Topoka
John H HOLMGREN	Catholic Health Association	Topoka
Bob Poreski	Kansas Assn for the Education of the Child	Manhattan
Carrie Kovas		Atchison
David Walker		Atchison
Allyn Rodman	SAS	Topoka
Clare McMurphy	Agency	"
John T. Torbett	Asso of Counties	"
Julia A. Kennedy	Cowley Co. Farm Bureau	Atlanta
Gerald Lawrence	Cowley Co. Farm Bureau	Winfield
Charles Konigsberg, M.D.	KDHE	Topoka
Stephen Jones	Legislative Intern Rep Center	Lawrence

HOUSE BILL No. 2108

By Committee on Public Health and Welfare

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2-28-9

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AN ACT relating to abuse, neglect and exploitation of certain adults; requiring reports thereof by certain persons; directing investigations thereof by the department of social and rehabilitation services; directing other persons and public and private agencies to assist therein; providing for protective services; declaring certain acts to be unlawful and providing penalties therefor; repealing K.S.A. 39-1421 to 39-1429, inclusive.

Be it enacted by the Legislature of the State of Kansas:

Section 1. As used in this act:

(a) "Adult" means an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed, vulnerable to harm or threatened with harm through action or inaction by either another individual or through their own action or inaction. Such term shall include: any individual residing in their own home or residing in the home of another individual.

(b) "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, cruel punishment, omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm, anguish or illness.

intentional
fiduciary abuse,

(c) "Neglect" means the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well-being and to avoid physical or mental harm, anguish or illness.

(d) "Exploitation" means taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

(e) "Fiduciary abuse" means a situation in which any person who

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45 has the care or custody of, or who stands in a position of trust to, is the caretaker
46 an elderly or dependent adult, takes, secretes, or appropriates their
47 money or property, to any use or purpose not in the due and lawful
48 execution of such person's trust.

49 (f) "In need of protective services" means that an adult is unable
50 to provide for or obtain services which are necessary to maintain
51 physical or mental health or both.

52 (g) "Services which are necessary to maintain physical or mental
53 health or both" include, but are not limited to, the provision of
54 medical care for physical and mental health needs, the relocation of
55 an adult to a facility or institution able to offer such care, assistance
56 in personal hygiene, food, clothing, adequately heated and ventilated
57 shelter, protection from health and safety hazards, protection from
58 maltreatment the result of which includes, but is not limited to,
59 malnutrition, deprivation of necessities or physical punishment and
60 transportation necessary to secure any of the above stated needs,
61 except that this term shall not include taking such person into custody
62 without consent except as provided in this act.

63 (h) "Protective services" means services provided by the state or
64 other governmental agency or by private organizations or individuals
65 which are necessary to prevent abuse, neglect or exploitation. Such
66 protective services shall include, but shall not be limited to, eval-
67 uation of the need for services, assistance in obtaining appropriate
68 social services, and assistance in securing medical and legal services.

69 (i) "Caretaker" means a person who has assumed the responsi-
70 bility for an adult's care or financial management or both. Such
71 assumption of responsibility may be voluntary, by contract or by
72 order of a court of competent jurisdiction.

73 (j) "Secretary" means the secretary of social and rehabilitation
74 services.

75 (k) "Report" means a report of abuse, neglect or exploitation
76 under this act.

77 (l) "Law enforcement" means the public office which is vested
78 by law with the duty to maintain public order, make arrests for
79 crimes, investigate criminal acts and file criminal charges, whether
80 that duty extends to all crimes or is limited to specific crimes.

81 Pursuant to section 8, no person shall be considered to be abused, No

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82 neglected or exploited or in need of protective services for the sole
83 reason that such person relies upon spiritual means through prayer
84 alone for treatment in accordance with the tenets and practices of
85 a recognized church or religious denomination in lieu of medical
86 treatment.

87 Sec. 2. (a) Any person who is licensed to practice any branch of
88 the healing arts, a licensed psychologist, the chief administrative
89 officer of a medical care facility, an adult care home administrator,
90 a licensed social worker, a licensed professional nurse, a licensed
91 practical nurse, a licensed dentist, a law enforcement officer, a li-
92 censed podiatrist, a family counselor, a registered occupational ther-
93 apist, a probation officer, a licensed home health agency, the
94 executive director of an entity which provides homemaker services

including attorneys-at-law
a registered physical therapist
and

95 and an employee of a financial institution, who has reasonable cause
96 to believe that an adult is being or has been abused, neglected or
97 exploited, or is in a condition which is the result of such abuse,
98 neglect or exploitation, or is in need of protective services shall
99 report, within six hours from receipt of the information, such in-
100 formation or cause a report of such information to be made in any
101 reasonable manner. Other state agencies receiving reports that are
102 to be referred to the department of social and rehabilitation services,
103 shall submit the report to the department within six hours, during
104 normal work days, of receiving the information. Reports shall be
105 made to the department of social and rehabilitation services during
106 the normal working week days and hours of operation. Reports shall
107 be made to law enforcement agencies during the time social and
108 rehabilitation services are not in operation. Law enforcement shall
109 submit the report and appropriate information to the department of
110 social and rehabilitation services on the first working day that social
111 and rehabilitation services is in operation.

112 (b) The report made pursuant to subsection (a) shall contain the
113 name and address of the person making the report and of the care-
114 taker caring for the involved adult, the name and address of the
115 involved adult (reported), information regarding the nature and ex-
116 tent of the abuse, neglect or exploitation, the name of the next of
117 kin of the involved adult, if known, and any other information which
118 the person making the report believes might be helpful in the in-

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119 investigation of the case and the protection of the involved adult.

120 (c) Any other person having reasonable cause to suspect or be-
121 lieve that an adult is being or has been abused, neglected or ex-
122 ploited, or is in a condition which is the result of such abuse or
123 neglect or is in need of protective services may report such infor-
124 mation to the department of social and rehabilitation services. Re-
125 ports shall be made to law enforcement agencies during the time
126 social and rehabilitation services are not in operation.

127 (d) Any person required to report information or cause a report
128 of information to be made under subsection (a) who knowingly fails
129 to make such report or cause such report not to be made shall be
130 guilty of a class B misdemeanor.

131 Sec. 3. (a) Anyone participating in the making of any report
132 pursuant to this act, or in any follow-up activity to or investigation
133 of such report or any other report of abuse, neglect or exploitation
134 of an adult or who testifies in any administrative or judicial pro-
135 ceeding arising from such report shall not be subject to any civil or
136 criminal liability on account of such report, investigation or testi-
137 mony, unless such person acted in bad faith or with malicious
138 purpose.

139 (b) No employer shall terminate the employment of, prevent or
140 impair the practice or occupation of or impose any other sanction
141 on any employee solely for the reason that such employee made or
142 caused to be made a report, or cooperated with an investigation,
143 under this act. A court, in addition to other damages and remedies,
144 may assess reasonable attorney fees against an employer who has
145 been found to have violated the provisions of this subsection.

146 Sec. 4. (a) The department of social and rehabilitation services
147 upon receiving a report that an adult is being, or has been abused,
148 neglected, or exploited, or is in a condition which is the result of
149 such abuse, neglect or exploitation, or is in need of protective serv-
150 ices, shall:

151 (1) Make a personal visit with the involved adult:

152 (A) Within 24 hours when the information from the reporter
153 indicates imminent danger to the health or welfare of the involved
154 adult;

155 (B) within three working days for all reports of suspected abuse,

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156 when the information from the reporter indicates no imminent
157 danger;

158 (C) within five working days for all reports of neglect or exploi-
159 tation when the information from the reporter indicates no presence
160 of imminent danger.

161 (2) Complete, within two weeks of receiving a report, a thorough
162 investigation and evaluation to determine the situation relative to
163 the condition of the adult and what action and services, if any, are
164 required. The evaluation shall include, but not be limited to, con-
165 sultation with those individuals having knowledge of the facts of the
166 particular case. When a criminal act has appeared to have occurred
167 under K.S.A. 21-3401 to 21-3428, and amendments thereto, law
168 enforcement shall be notified immediately and if the alleged per-
169 petrator is licensed, registered or otherwise regulated by a state
170 agency, such state agency also shall be notified immediately.

171 (3) Prepare, upon completion of the evaluation of each case, a
172 written findings which shall include a finding of whether there is or assessment
173 has been abuse, neglect or exploitation, recommended action, a an analysis
174 determination of whether protective services are needed, and any
175 follow-up.

176 Sec. 5. (a) The secretary of social and rehabilitation services shall assessments
177 maintain a statewide register of the reports received and the findings, analyses
178 evaluations and the actions recommended. The register shall be
179 available for inspection by personnel of the department of social and
180 rehabilitation services.

181 (b) Before any person is identified as a confirmed perpetrator of
182 abuse, neglect or exploitation, the person will be given due process
183 prior to having such person's name entered into the statewide
184 registry.

185 (c) Neither the report nor the written evaluation findings shall assessments
186 be deemed a public record or be subject to the provisions of the analysis
187 open records act. The name of the person making the original report
188 or any person mentioned in such report shall not be disclosed unless
189 the person making the original report specifically requests or agrees
190 in writing to such disclosure or unless a judicial proceeding results
191 therefrom. No information contained in the statewide register shall
192 be made available to the public in such a manner as to identify

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193 individuals except such information identifying the names of con-
194 firmed perpetrators may be disclosed to a caretaker.

195 Sec. 6. In performing the duties set forth in this act, the sec-
196 retary of social and rehabilitation services may request the assistance
197 of the staffs and resources of all appropriate state departments, agen-
198 cies and commissions and may utilize any other public or private
199 agencies, groups or individuals who are appropriate and who may
200 be available. Law enforcement shall be contacted to assist the de-
201 partment of social and rehabilitation services when the information
202 received on the report indicates that an adult, residing in such adult's
203 own home or the home of another individual, is in a life threatening
204 situation.

205 Sec. 7. (a) Any person and public or private agency, including
206 but not limited to hospitals, schools, attorneys, physicians and other
207 social services agencies shall provide the department of social and
208 rehabilitation services with the necessary records to assist in
209 investigations.

which maintains records relevant to any investigation
conducted by the department of social and rehabilita-
tion under this act

, upon the written consent of the adult or the adult's
guardian,

210 (b) Any person, department or agency authorized to carry out
211 the duties enumerated in this act shall have access to all relevant
212 records.

Any such information shall be subject to the confiden-
tiality requirements of section 5 and amendments thereto

in accordance with the provisions of subsection (a)

213 Sec. 8. (a) If the secretary finds that an adult is in need of
214 protective services, the secretary shall provide the necessary pro-
215 tective services if the adult consents. If the adult fails to consent
216 and the secretary has reason to believe that the adult lacks capacity
217 to consent, the secretary shall determine whether a petition for
218 appointment of a guardian or conservator, or both, should be filed.
219 The secretary may petition the district court for appointment of a
220 guardian or conservator, or both, for an adult pursuant to the pro-
221 visions of the act for obtaining a guardian or conservator, or both.

determines

222 (b) If the caretaker of an adult who has consented to the receipt
223 of reasonable and necessary protective services refuses to allow the
224 provision of such services to the adult, the secretary may seek an
225 injunction enjoining the caretaker from interfering with the provision
226 of protective services to the adult. The petition in such action shall
227 allege specific facts sufficient to show that the adult is in need of
228 protective services and consents to their provision and that the care-
229 taker refuses to allow the provision of such services. If the judge

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230 finds that the adult is in need of protective services and has been
231 prevented by the caretaker from receiving such services, the judge
232 shall issue an order enjoining the caretaker from interfering with
233 the provision of protective services to the adult.

234 Sec. 9. If an adult does not consent to the receipt of reasonable
235 and necessary protective services, or if such adult withdraws the
236 consent, such services shall not be provided or continued, except
237 that if the secretary has reason to believe that such adult lacks
238 capacity to consent, the secretary may seek court authorization to
239 provide necessary services, as provided in section 10 of this act.

240 Sec. 10. (a) If the secretary finds that an adult is being or has
241 been abused, neglected or exploited or is in a condition which is
242 the result of such abuse, neglect or exploitation and lacks consent
243 to reasonable and necessary protective services, the secretary may
244 petition the district court for appointment of a guardian or conservator,
245 or both, for the adult pursuant to the provisions of the act for
246 obtaining a guardian or conservator, or both, in order to obtain such
247 consent.

has reason to believe

capacity to

248 (b) In any proceeding in district court pursuant to provisions of
249 this act, the district court shall appoint an attorney to represent the
250 adult if the adult is without other legal representation.

251 Sec. 11. Subsequent to the authorization for the provision of
252 necessary protective services, the secretary shall initiate a review of
253 each case within 45 days to determine where continuation of, or
254 modification in, the services provided is warranted. A decision to
255 continue the provision of such services shall comply with the consent
256 provisions of this act. Reevaluations of the need for protective services
257 shall be made not less than every six months thereafter.

258 Sec. 12. The authority of the secretary under this act shall include,
259 but is not limited to, the right to initiate or otherwise take
260 those actions necessary to assure the health, safety and welfare of
261 an adult, subject to any specific requirements for individual consent
262 of the adult. The secretary may establish a toll-free telephone number
263 for the reporting of instances of abuse, neglect or exploitation under
264 this act.

265 Sec. 13. Any actions taken under this act shall be consistent with
266 providing protective services and accommodations in a manner no

267 more restrictive of an individual's personal liberty and no more
268 intrusive than necessary to achieve acceptable and treatment
269 objectives.

270 Sec. 14. K.S.A. 39-1421 to 39-1429, inclusive, are hereby
271 repealed.

272 Sec. 15. This act shall take effect and be in force from and after
273 its publication in the statute book.

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2-28-9

STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field

Topeka, Kansas 66620-0001

Phone (913) 296-1500

Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary

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Testimony Presented to
House Public Health and Welfare Committee

by

Kansas Department of Health and Environment

House Bill No. 2442

The Kansas Department of Health and Environment endorses the concept of assessing the general level of existing basic health services in counties, and planning for implementation or expansion of these services as necessary. (In order to compile survey results and develop a written report for the Governor and Legislature, and in the interest of providing consistent basic health services across the state, KDHE believes it is important for the Secretary to develop a standard survey instrument for use in all counties.) Those surveys should inventory services available to the public regardless of the recipient's ability to pay. Local government, in this case the Board of County Commissioners acting in its role of County Board of Health, should be collectively represented in developing the methodology for conducting these surveys.

Fiscal Impact and Recommendation

The eighteen month fiscal impact of this bill on KDHE would be about \$65,700. Although we support the concept of state and local health planning, we cannot support this bill because the funds were not included in the Governor's budget.

Presented By:

Charles Konigsberg, Jr., M.D., M.P.H.
Director, Division of Health

February 28, 1989

P&W
Attn #2
2-28-89



KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

"... Public Health in Action"

February 28, 1989

TO: House Public Health & Welfare Committee
Representative Marvin Littlejohn, Chairman

FR: Elizabeth E. Taylor, Executive Director

RE: Comments on House Bill 2442

The Kansas Association of Local Health Departments appreciates the opportunity to offer its comments on House Bill 2442. The bill calls for preparation by each county of a survey to determine the basic health services offered to the residents in the county who are medically indigent.

KALHD would be cooperative in preparing the survey and in establishing the survey data. We would caution, however, that current local health departments are severely underfunded and would need financial assistance in order to allocate the manpower to the survey. The national average state support for basic health services to local health departments is \$3.39 per capita. Kansas currently supports the local health departments at only \$.60 per capita with a Governor's recommendation in the FY 1990 Budget set at \$.65 per capita.

Many of the Kansas local health departments are in rural areas. These local health departments offer the bare basics of health care. Some are staffed only with 1 nurse - not always a full time nurse at that. To add the responsibility of surveying and analyzing the data for basic health services to the medically indigent might detract from the health services that nurse can provide to the public under current allocations.

For your information, the KALHD is currently surveying all counties to determine the basic health services provided by the counties, the basic health services provided by other entities within the county and those services which are simply not available in the county or within the multi-county area. We would be happy to deliver those results to the Kansas Legislature as soon as they have been analyzed. The survey responses began in October, 1988 and should be received from all counties by the end of March, 1989.

Again, thank you for the opportunity to respond to HB 2442.

PAK
attm # 3
2-28-9



"Service to County Government"

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Testimony

February 28, 1989

For; House Public Health and Welfare Committee

From; John T. Torbert, Executive Director

Subject; House Bill 2442

The Kansas Association of Counties does not have a stated platform position with respect to the specific issues addressed in this legislation. However, we do have a very specifically stated and unanimously approved platform position in opposition to unfunded state mandates. This legislation certainly falls into that category.

I have no doubt that a survey of health resources for the indigent would be useful information. However, like any other request for a service to be performed at the local level, the questions must be asked- who is going to accomplish this service and, most importantly, how are we going to pay for it? In reading the legislation, it does not appear to contemplate a survey that would be quickly assembled and compiled. The legislation makes mention of guidelines, procedures, format, methodology and approvals and disapprovals by the Secretary of Health and Environment. In short, it will take time, people and money to conduct this survey. I would remind the committee that counties are in the midst of a two year reappraisal budget freeze. Further, in most cases, the county does not have a full time health officer that could be delegated with this responsibility.

The other question we would have with respect to the legislation is to what use the information gained will be put. The only indication we have is that surveys will be reviewed by the secretary and he will analyze "the data and information contained in such surveys and make recommendations as the secretary deems appropriate based upon this data and information." My point would be that without a clearly delineated purpose and mission for this information, this legislation would cause a great deal of effort and expenditure of tax dollars simply because the information would be "nice" to have. This sort of issue should not be mandated short of a compelling and recognized public interest.

Thank you for your time and I would be happy to respond to questions.

TSJHPHWC

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2-28-9*

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Testimony Presented to
House Public Health and Welfare

by

Kansas Department of Health and Environment

House Bill No. 2443

House Bill No. 2443 authorizes the Secretary, Kansas Department of Health and Environment (KDHE), to provide public health outreach services.

KDHE currently provides public health outreach services, but we support the formal stipulation of public health and social services outreach activities in statute. In order to better clarify the intent of the Committee, it is recommended that a definition for public health outreach be developed such as, "those educational and other activities designed to increase the individual's awareness and appropriate use of public and other preventive health services."

Expansion of existing or implementation of new outreach activities would fiscally impact our budget. However, as written, House Bill No. 2443 would have no fiscal impact on KDHE's budget.

Presented by:

Charles Konigsberg, Jr., M.D., M.P.H.
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February 28, 1989

*PX/KC
attn #5
2-29-89*